

NAME _____

DATE OF APPLICATION _____

TIPPECANOE COUNTY EMERGENCY MANAGEMENT
VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME _____
Last First Middle

SOCIAL SECURITY # _____ Home Phone _____ Other Phone _____

E-mail _____

ADDRESS _____
Street City State Zip

Are you between the ages of 18 and 70? () Yes () No, If not, state age _____.

Are you a U.S. citizen or do you have a legal right to remain permanently in the U.S.? () Yes () No

Can you operate an automobile _____ Motorcycle _____ Truck _____ Typewriter/computer _____

Radio _____?

Have you ever been convicted of a crime that carries a penalty of one year or more?

() Yes () No. If yes please give details _____

EDUCATION

	HIGH SCHOOL	TECHNICAL SCHOOL	COLLEGE UNIVERSITY	GRADUATE PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				
DESCRIBE SPECIALIZED TRAINING, SKILLS, APPRENTICESHIPS				

Veteran of the U.S. Military service? () Yes () No. Present membership in National
Guards or Reserves _____.

EMPLOYMENT HISTORY

List your present employer. Include self-employment.

Employer _____

Address _____ Phone No. _____

Job Title _____

Supervisor _____

Work Performed _____

Dated employed, from _____ To _____

If you are now employed, may we contact your present employer? () Yes () No.

You may feel that this application does not adequately summarize your background nor fully explain why you desire a position with Tippecanoe County Emergency Management. To assist us in finding the proper position, please use the space below to more fully describe your qualifications and goals.

PERSONAL REFERENCES

Name	Position	Length of Acquaintance
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Address	City	State	Phone
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Name	Position	Length of Acquaintance
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Address	City	State	Phone
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PHYSICAL RECORD

List any physical defects or health conditions that might affect job performance. Give Details

I authorize investigation of all statements contained in this application. I understand that false or misleading information is cause for dismissal. I agree to obey the rules and regulations of Tippecanoe County Emergency Management.

Signature _____

Date _____

TIPPECANOE COUNTY EMERGENCY MANAGEMENT AGENCY

Authorization To Release Information

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to the duly elected or appointed officials of Tippecanoe County Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communications or disclosure and release all persons, firms, corporations, and governmental agencies for all my claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed:

Personal History
Education Records
Employment Records
(past/present, experience, performance, attendance, etc.)
Military Service Records
Criminal History Records
Medical Records (Physical and Psychological)
Other Information pertaining to suitability for volunteer work with Tippecanoe County Emergency Management.

These records will be retained on file in the Tippecanoe County Emergency Management Office.

Name (Print) _____

Address _____

D.O.B. ____/____/____ S.S.N. ____-____-____

Drivers License # _____

Hair Color _____ Eye Color _____

SIGNATURE OF INDIVIDUAL WAIVING RIGHTS
TO INFORMATION

DATE

WITNESS

DATE